

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)SERIAL NO. **09/786494**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12	1				
13	1				
14	1				
15	1				
16	1				
17	1				
18	1				
19	1				
20	1				
21	1				
22	1				
23					
24	1				
25					
26	3				
27	1				
28	1				
29	1				
30	2				
31	2				
32	1				
33		1			
34		1			
35		1			
36		1			
37		1			
38		1			
39		1			
40		1			
41		1			
42		1			
43		1			
44		1			
45		1			
46		1			
47		1			
48		1			
49		1			
50		1			
TOTAL	7	1			
TOTAL	18	18	18		
TOTAL	38	19	19		

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51			/	
52			/	
53			/	
54			/	
55			/	
56			/	
57			/	
58			/	
59			/	
60		/		
61			/	
62			/	
63			/	
64			/	
65			/	
66			/	
67			/	
68			/	
69			/	
70			/	
71			/	
72			/	
73		/	-	
74			/	
75			/	
76			/	
77			/	
78		/	-	
79			/	
80			/	
81			/	
82			2	
83			2	
84				1
85				1
86				1
87				1
88				1
89				1
90				1
91				1
92				1
93				1
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.			3	
TOTAL DEP.			400	
TOTAL CLAIMS			403	